(386) 761-2835

Daytime Phone #

2003 FOR PROFIT CORPORATION

SIGNATURE:

20 UN	003 FOR PROFI	IT CORPOR	RATION RT (UBR)	FILE Aug 27, 200 Secretary	D 3 8:00 am	0001534
DOCU	MENT # P9900	0074784				≷
1. Entity Nan	ne -			08-27-2003 90079 (01 ***150.00	•
PARKWAY	WEST, INC.	θ				
Principal Place of Business 2500 S. NOVA RD. DAYTONA BEACH FL 32119		Mailing Address 2500 S. NOVA RD. DAYTONA BEACH FL 32119				
2. Principal Place of Business		3. Mailing Address			:	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 59-3633250	Applied For Not Applicable	
Zip	Country	Zip 	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required].
	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registere	d Agent	4
TORNATORE, ROSEANN 2500 S. NOVA RD.				Street Address (P.O. Box Number is Not Acceptable)		
DAYTONA BEACH FL 32119						
			City	F	Zip Code	
_	Signature, typed or printed name of registered agent a ILE NOW!!! FEE IS \$550.00 ptember 10, 2003 Fee will be \$750		TE: Registered Agent signature requi	p. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be	
	k Payable to Florida Department of					
TITLE	PD OFFICERS AND	DIRECTORS Delete	TITLE	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 11 Change Addition	୍ର
NAME	TORNATORE, ROSEANN 2500 S. NOVA RD. DAYTONA BEACH FL 32119	Delete	NAME STREET ADDRESS CITY-ST-ZIP			CR2E034 (4/03)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HUMBERT, WILLIAM 2500 S. NOVA RD. DAYTONA BEACH FL 32119	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	S. C. B.
TITLE NAME STREET ADDRESS "CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u> </u>	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
indicated of the cor	on this report or supplemental report is	true and accurate and that it wered to execute this report	my signature shall have th as <u>req</u> uired by Chapter 6	Section 119.07(3)(i), Florida Statutes. I further c e same legal effect as if made under oath; that 07, Florida Statutes; and that my name appear	Lam an officer or director	1

AHachment # 80141400



Main Office 2500 S. Nova Road Daytona Beach, FL 32119 (904) 761-2251 FAX: (904) 761-2835 2nd Location 5000 Palm Coast Pkwy. Palm Coast, FL 32137 (904) 446-2722 .Hours: Monday thru Friday 8:30 am ~ 5 pm Saturday 10 ~ 4

"Open Since May of 1977"

Dear Sir,

July 31,2003

We did not receive this report. Consequently could you waive the extra \$400.00 charge. Please advise. I did try to call but could not speak to anyone. I appreciate this.

Thanks,

Roseann Tornatore